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ABSTRACT

The death of a parent can cause economic and emotional stress for the surviving family members. As part of a larger survey of widowed men and women, living in Melbourne, Australia, data on needs of children who had experienced a parent's death were collected from 126 widowed parents with at least one child under the age of 18. Parents reported that the impact on the children of a parent's terminal illness varied according to the amount of change in their routines, the extra responsibilities they were assigned, and their comprehension of the situation. Children's reactions to the actual death of a parent varied from shock or withdrawal to openly expressed grief, reactions being largely age-related. The emotional effects on the children of losing a parent extended beyond the first months following the death. Many of them showed signs of insecurity years later and a few showed signs of emotional disturbance, especially those children whose parents had committed suicide. In addition to dealing with grief and bereavement, children faced many economic and social changes: reduction in family income, new caregivers, residence changes, and an increase in responsibilities at home. The data suggested a need for re-evaluation of policy and services for children, to help them deal with bereavement and to help ameliorate the effects of growing up in a single-parent family. (NRB)

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WORKING PAPER

Widowed Families With Children:
Personal need and societal response

Linda Rosenman, Arthur D. Shulman and Michelle Levine

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Institute of Family Studies

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Introduction

In Australia, the incidence of parental death as a cause of families becoming one-parent families is significant despite the fact that proportionally it has been decreasing relative to divorce and permanent separation. In 1981, of the dependent children who spent at least part of their lives in one-parent families, over 14 per cent were living in families made one-parent by death. This paper focuses on the impact of death of a parent on these children and their response to growing up in a one-parent family.

A conceptual framework of the family as a system is used to convey the dynamic adjustment process that occurs within a family when one of the 'key' members dies.

More specifically, information is used from a detailed survey of 374 widowed and remarried men and women, carried out in Melbourne in 1980, to discuss the economic, social and emotional situation of widowed families with children who are at different points in the temporal process of adjustment to a parent's death. For some families in the survey this includes the situation at the time preceding the parent's death and for others it includes periods of time up to five years after the death and, in a limited number of cases, it includes the time following remarriage of the parent.

The paper focuses on the surviving parents' reports on the reactions of children to the death and on the problems or concerns that the parents have with the children. It also looks at the role of children in relationship to the widowed parent, in particular at the ways in which the children are a resource or a liability in the widowed parent's life and at their impact upon the widowed parent's attempts to establish new relationships or to consider remarriage.

The paper summarises the implications of the data for social policy and social service provision for families made sole-parent families by death.

The widowed family as a social system

The view of the family as a system, an alliance of individuals but with a life of its own, is widely accepted in research and theory on the family. In this view the system as a whole reacts and changes in response to a change in any of its members. One of the major changes that can occur is the death (and often the preceding terminal illness) of one of the members. This is a permanent non-reversible change, and as such is unlike divorce or separation, where pressures can exist for the original family to re-form. Following loss of a member, a new family is formed; this is not a closed system, and many of the issues that arise can be described as ways in which members of the family go outside the system to meet the needs that would have normally been met through the family.

In Australia, the family usually provides for members' economic survival and care, socialisation and emotional needs. Therefore, the loss of a parent in particular can cause a major dislocation in the economic and emotional well-being of its members. Given the fairly rigid sex role division of labour in Australian families in which the father usually supplies the major financial support and the mother the continuous daily care of children and household management, the loss of a father can lead to economic crisis, the loss of a mother to a crisis in daily management. Either can severely threaten the survival of the family as a system.

The secondary impact of a parent's death derives from the emotional impact of his or her death upon the remaining members and on their abilities to carry out their normal tasks. Children are going to be affected by the 'first shock' of emotional reaction to loss of a (usually) loved, and loving, parent; the 'second shock' of loss of income and/or daily caregiving; and possibly by the 'third shock', the difficulty the surviving parent may have functioning normally because of grief or excessive new responsibilities. It is likely that the effect on children is directly related to both their degree of dependence on the family and their comprehension of what has happened — both of which are usually directly age related. In general, one would expect that the younger the children the more dependent they are and the less comprehension they have of the meaning and implications of the death.

Prior Research on Bereaved Children

Much of the prior research on bereaved children has focused only on the child and has been retrospective, investigating children (sometimes as adults) who had earlier experienced parental bereavement and had subsequently needed psychiatric attention. Consequently, these studies have tended to concentrate on extreme reactions and pronounced psychiatric disturbance. Studies underway in Australia at present (Raphael, Field and Kvelde, 1979; Raphael, 1982) may help to better differentiate normal from pathological responses of children to parental bereavement.

However, some of the research does point to some characteristics of bereaved children and to the effects on them of the nature of the parent's death, which need to be considered. In a review article, Black (1978) summarises the major results of childhood bereavement given by such research as that of Lifschitz (1976) on Israeli children, Rutter (1966) on clinic patients and Birtchnell (1980) on adults who were bereaved in childhood. Black suggests that amongst factors modifying outcome are the child's age, sex and ordinal position. The child's age is important for predicting level of comprehension of the meaning and permanence of death. Until about five years of age children do not appear to have a clear understanding of the meaning of death, particularly of its irreversibility. Even up to about age ten, some children may not fully understand that death is final. But from preadolescence on, children have almost an adult conception of death. However, the results of research into the relationship between age and comprehension of the meaning of death and subsequent emotional reaction, especially in adulthood, are contradictory. Similarly, the effect of the child's sex on subsequent reactions is unclear, although Black concludes that evidence suggests girls are particularly vulnerable to the death of a parent. The oldest sibling also seems to be the one most prone to subsequent emotional disturbance (Birtchnell, 1971).

Factors associated with the dead parent which affect the child include the length of the illness preceding death, the child's previous relationship with the parent and the nature of death; children of parents who committed suicide are particularly at risk. Other researchers have found links between parental loss during childhood and subsequent suicide (Greer,

1966), depression (Brown, Harris and Copeland 1977) and juvenile delinquency (Glueck and Glueck, 1968; Greer, 1966). The results of such research are contradictory. Also, as Bowlby (1980) has pointed out, this research lacks a systems perspective and rarely separates the emotional impact of the parent's death from the subsequent effect of growing up in a one-parent family.

Bowlby suggests, in looking at bereaved children, that it is difficult to separate the reaction of a child (particularly a young child) to the actual death of a parent from her or his reaction to the mourning behaviour of the surviving parent and especially to the changes that the death may cause in her or his own life. These changes may include changes in the family's socio-economic status and in the home. For example, other people move in, or the family is forced to move which usually entails a change of schools and friends.

There are other changes. Younger children may be looked after by someone new, especially if the mother has died or if a surviving mother has to start work. The surviving parent may be emotionally changed by the death. Most widows and widowers report experiencing depression, anger, loneliness, crying periods and poor physical and emotional health often for many months after the death. Such normal grieving behaviour can be extremely confusing and upsetting to children, particularly the very young. Since death of a parent is now a relatively rare occurrence, children may also face the stigma of being 'different' at school.

Some anecdotal evidence of the nature of the child's experience is reported by Silverman and Englander (1975) who focused on the reactions of widowed women to bringing up children alone, using a sample of widows who had participated in a widows' support group. They suggested that one of the most difficult things that mothers faced was dealing with their children's grief especially if it was not manifested in the traditional manner (i.e., crying, sadness), but rather through acting-out or withdrawal. While most of the children in their sample did not, according to the widows' reports, show overtly pathological behaviour, many of them were afraid of losing their mother. In younger children in particular, this fear was expressed in clinging or demanding behaviour.

The above provides some evidence of the difficulties children face in dealing with their grief. It also suggests that the family environment as an emotional system changes and this change itself must be dealt with by the bereaved child. Family grief, however, is not the only reaction the child must adjust to. It is probable that the child must also deal with potential and actual reallocation of tasks and responsibilities and changes in social and economic dependencies of both him or herself and others.

The purpose of the analysis of the study's data described below is to provide some further insight into these areas.

Methodology

The data used in this paper were collected from 126 widowed mothers and fathers with at least one child under the age of 18, who were interviewed as part of a larger interview survey of 243 widowed women and 131 widowed men carried out in Melbourne in 1980. While the major focus of the overall program of research was on the needs, coping processes and social and economic situations of the widowed themselves, information was also collected on the needs (as they perceived them) of their children. For this paper, information provided by the widowed parent is used to set the family context; the information on the children is then examined within that context.

Family sampling procedures

The sample pool was stratified by age and length of widowhood and the sample was then randomly selected. These widows and widowers were then sent a letter describing the project and asking them to return a reply paid postcard indicating their willingness to participate. Those who agreed to participate were interviewed at a mutually convenient location by a trained interviewer. The structured interview took approximately two and a half hours to complete.

Unlike many other studies of bereaved children which draw their sample from psychiatric or child guidance clinics, this study used sampling procedures that ensured that a representative sample of the non-institutionalised widowed population was selected. Hence, information on children of all ages and all levels of functioning was included. Furthermore, rather than focusing on an individual child, information was collected about the interaction of the entire family.

The criterion for inclusion in the sub-sample was that the family had at least one child under 18 who was living at home at the time of the interview. Eighteen was selected as the cutoff age because children below this age are usually legally and socially dependent upon their families, and this has relevance for family policy and practice considerations.

Areas covered

The data on children collected from the widowed parent were primarily based on several areas of questioning. First, widowed parents were questioned on their worries about their children and their life in general at the time of the interview, and about their recollection of the situation with their children at the time of and immediately following the spouse's death and, if there was forewarning, during the period of terminal illness. Second, questions were asked of all the widowed fathers and most of the widowed mothers concerning each child's reactions to the death and what (if any) changes the death had made in the child's life. Third, the widowed parents were questioned about the ways in which children were an asset in terms of taking over tasks and helping, and the ways in which they were a liability or a source of interference in the parent's life.

The information obtained in these areas was augmented by the comments parents provided in response to other questions not necessarily directly concerning children. Accordingly, data were analysed both qualitatively and quantitatively.

Limitations of the information source, sampling procedures and areas covered

First, this study is similar in some ways to previous studies in that the data are based on the parents' perspective which may not be an accurate appraisal of the children's situation. It is a view of the child's situation by the principal person who is attempting to help the child deal with it. Second, some of the information is collected retrospectively. However, cross-sectional-lagged comparisons indicate that this is not a major problem: for instance, parents' reports of the problems their children were facing at the time of the death of the other parent are consistent, whether asked six months or five years after the event. Third, some of the information about children was spontaneously given by the parents in response to open ended or non child-specific questions and, therefore, is particularly susceptible to differences in the verbal ability, style and/or sensitivity of the parent. This point should not be overlooked and may well explain at least in part why surviving mothers indicated a larger number of problem areas facing their children than did the surviving fathers. Fourth, given

the primary research intercrsts of the major study, not all questions posed could be answered. The sampling procedure was based on characteristics of the widowed adult, not of the children. The small sample size and unequal distributions of male and female children within various age groups prevented some analyses being carried out.

Description of the families in the sample with children

Almost 90 per cent of the larger sample had children. One hundred and twenty-six of the total sample of 374 had children who were under 18 at the time of the interview. Altogether there was a total of 255 children. This included 26 children who were in 13 remarried families. Seventy-seven of the families (61.1%) had lost a father and 49 (38.9%) a mother. The modal family size was two children although almost one-third of the sample had four children or more. Close to 17 per cent (21 families) had at least one pre-school child (i.e., under five); in 42 per cent of families the youngest child was aged between five and twelve; and in the remainder the youngest was a teenager.

Given that families had to have a child below the age of 18, most of the widowed parents in the sample were also relatively young — only 23 (15%) of the total were over 50 at the time of the interview.

At the time of the interview the length of bereavement varied from two months to slightly over five years with a mode of 26 months. Therefore families were at many different stages in the temporal process of adjustment.

Close to half of the children in the sample had lived for some time in a family with a terminally ill parent (see Table 1 for causes of death). Of the 126 families in the sample, 61 (48%) said that they had known that the parent was likely to die. The length of forewarning varied from two weeks up to nearly 13 years, the modal length being six months. The most common reason for a family having some forewarning was the existence of terminal illness, such as cancer, or chronic illness or degenerative disease.

Children's Adjustment Within the Bereaved Family

The nature of the children's adjustments and reactions and the time at which they occurred within the bereavement process were analysed. These adjustments are described below from the time of the parent becoming terminally ill to five years after the death of the parent.

Table 1 Causes of death

Causes	*Number*	*Percentage*
Cancer/malignant neoplasm	49	38.9
Accidents	21	16.0
immediate death	*(12)*	
delayed death	*(9)*	
Sudden heart attack	17	13.5
Stroke	17	13.5
Chronic or degenerative disease	14	11.0
Suicide	6	4.8
Pneumonia	1	0.8
Ruptured appendix	1	0.8
Total	126	

Temporally, the changes and adjustments to death of a parent are continuous and not time limited. They do not necessarily begin with the death nor terminate with the surviving parent's remarriage.

Living with a terminally ill parent

In close to half of the families in the sample there was some warning of the probability of the death. For most families, this period of illness meant major disruptions and changes in the children's and family's lives. This period was in some families viewed as having been even more stressful and disorganised than was the period following the death of the spouse. The stress on the children arose from three major factors. First, there was the change in the household responsibilities caused by the parent's illness. Second, there was the emotional reaction of the family members to the knowledge of the probability of death. And third, there was the financial pressure that a prolonged terminal illness usually placed on the family.

Since all families are viewed as social systems, any change in one part of the system will cause changes in all components of the system. In most cases the terminally ill family member was not able to continue her or his normal activities — be it holding a paid job or running the household and caring for the children or some combination of the two. In the vast majority of cases (70%) the terminally ill parent's health never recovered after the diagnosis was made. Nearly half spent some time hospitalised and many had times when they needed care or nursing at home. As the illness progressed a large number of the ill care-giving parents (usually mothers) were not able to care for their children or the home, and the majority of those terminally ill parents who were working had to give up work. Furthermore, many of the employed spouses who had terminally ill partners reduced their working hours or took leave from work in order to care for the children and the household and to nurse the terminally ill spouse. Often when a working father became terminally ill the mother had less time to devote to the family because of the increased care and attention needed by the father.

Obviously the extent to which a terminal illness was incapacitating varied. Parents in 30 per cent of the cases did appear to return to normal health until just before death, others had periods of relatively normal health when they could carry on normal activities for most of the time with occasional relapses, and others were incapacitated or hospitalised for the duration of their lives.

In addition to the practical difficulties, such families also face emotional stress, but this is more difficult to quantify. Such stress results from different combinations of circumstances in each family. In general, however, widows and widowers described the emotional roller-coaster of recoveries and relapses, the depression caused by seeing a spouse grow weaker, the anxiety as they contemplated the future and the physical burden of caring for both children and the sick spouse. It is not surprising that 98 per cent of the families reported the level of stress during this period as having been very high.

The effect on children of the stress, tension and depression in the household appeared to depend on their level of awareness of the situation and involvement within the household. Very young children who were totally dependent on the family were reported to be aware of changes in care-givers, periods of absence and the preoccupation of both parents with other issues. Older children were less physically dependent on the family but more aware of the terminal illness and able to see the deterioration in a parent's health.

In several cases, the widowed parent reported that the death had come as a relief to himself and the children because the stress and pressure on children during the forewarning period had been so great. In one case, a mother had suffered from a brain tumor for four years, causing erratic and unpredictable behaviour at times. The father's job required considerable travel that kept him away from home overnight and the responsibility for caring for and at times even restraining the ill mother was on the shoulders of the only child, a 12-year-old boy. The boy was in constant fear that the mother might die when he was at home alone with her. Her eventual death came as a relief from years of worry and stress. Several fathers whose wives had been terminally ill at home said that one of their own and their children's greatest concerns was that the children would come home from school to find the mother dead in the house. In some cases the children had only revealed this worry after the mother's death, having been too frightened to express their fear beforehand. This indicates the importance of older children having some opportunity to discuss and be helped to understand the possible course of their parent's illness. Since often neither the terminally ill parent nor the spouse are able to discuss their fears with one another, it is unrealistic to expect that in most families they would be able to discuss the situation with children. Such support for children in most cases would need to come from outside the family.

Obviously the impact of terminal illness on the children varied according to the amount of change in their routine, the extra responsibilities they were expected to take on and their comprehension of the entire situation. Where a care-giving mother was no longer able to look after very young children there was usually a change in the family situation with a grandparent or relative becoming involved in caring for the children and running the household. Some children for the first time in their lives were sent to child care centres or were cared for by other people.

In addition to the stress of seeing a parent deteriorating physically and mentally, children can experience major changes in their lives including taking on additional family and household responsibilities and having to care for the ill parent. The data suggest that this often occurred at the same time that other major family changes took place. School age children were likely to be called on to shoulder extra responsibilities in terms of caring for themselves, running the household and often caring for the ill parent. Children aged from about 8 to 14 years carried a considerable amount of household responsibility especialy if it was the mother who was terminally ill and the father continued working.

In many families, the illness of the parent often meant severely reduced financial resources. Illness-related expenses increased at the same time that employment-related income declined because the terminally ill and often also the surviving parent reduced or gave up work. The financial stresses not only limited children's opportunities but also limited the ability of the family to hire outside help. As Rosenman (1982) has pointed out, many families with a terminally ill mother who had not worked in the labour force were not eligible for sickness benefit or invalid pension, nor was home help usually easily available in most municipalities. Consequently family responsibilities then put additional burdens upon the children.

Another group in which there was some forewarning were children whose parent had committed suicide. Six of the families in the sample mentioned this as the cause of death. In several cases there was some forewarning in that the parent had threatened or attempted suicide on several occasions prior to actually committing the act. It is likely that at least some of the deaths reported as accidental were actually suicides, although they were not explicitly reported as such by the widow or widower.

Children whose parent commits suicide are a separate study on their own. There was evidence in the majority of these families of considerable patholgy — severe marital problems, frequent separations and psychiatric hospitalisations. Several of the children in these families had been subjected to emotional pressure by the suicidal parent. In one case, the father, for months prior to committing suicide, had asked his wife for a reconciliation which was strongly opposed by their 12-year-old daughter. At the time of the interview four years later, the mother reported that the girl still blamed herself for her father's suicide. In another, the father had continually accused the children of ruining his marriage and his life. In a third, the father committed suicide at home and was discovered by his children when they arrived home from school. Perhaps not surprisingly, at least one of the children in each of these families was reported to be showing symptoms of emotional disturbance at the time of the interview two to five years later.

The stigma that society attaches to suicide continues to affect the family's life long after the actual event. Where economically feasible, families actually moved to different suburbs and/or changed children's schools to escape the stigma they felt. The societally sanctioned discrimination against the families of suicides extends from religious proscriptions on funeral and burial rites to limitations on survivors' benefits by some life insurance and superannuation policies. While families in which one parent has suicided do not form a large group of the population, their treatment demands review and reassessment.

The immediate impact of death of a parent

Regardless of whether or not where was forewarning of the death, in most cases the actual death came as a shock and required major changes in the family. The surviving parents described how their children's reactions at the time varied from shock or withdrawal to openly expressed grief. There did not seem to be any consistent pattern of response by children. All of the widowed fathers and a small number of mothers were asked specifically about each child's reactions to the death in an open ended question. The children's responses, as given by parents, fell into the following general categories:

- upset and shocked — parents said that the child was upset, shocked, cried a lot, was very sad;
- acceptance, able to talk about it — parents stated specifically that the child accepted the death, talked about it;
- withdrawn, silent — parents reported that the child withdrew, was very quiet, reserved, uncommunicative, hung around the home, didn't talk about it, reacted inwardly, went to his or her room and closed the door;
- unable to take in the event — parents stated 'it didn't really sink in' or that the child wasn't really aware of what was going on;
- acting-out behaviour — reactions included behavioural problems, psychiatric disturbances, unpredictable outbursts of emotion;
- other;
- no reaction;
- non-acceptance — parents stated that the child could not or would not accept the death, or wouldn't believe that the parent had died.

The reactions, as one would expect, were to a large extent age related (see Table 2). Prior research suggests that a concept of death and its permanence develops slowly in children and that it is not until age six or seven that the child really understands that he or she will not see the parent again. By the pre-teenage years (10 to 12 years), children have an adult conception of death.

Table 2 Children's reactions to parental death by age of child

Age		Upset, shocked	Acceptance	Withdrawn	Not sink in	Acting-out	Other	No reaction	Non-acceptance	Total
Less than 7 years	n	6	1	1	7	3	5	1	2	26
	%	23.1	3.8	3.8	26.9	11.5	19.2	3.8	7.7	
7-11 years	n	8	3	4	0	2	1	1	0	19
	%	42.1	15.8	21.0	0	10.5	5.3	5.3	0	
12-18 years	n	29	16	11	4	2	0	2	0	64
	%	45.3	25.0	17.2	6.3	3.1	0	3.1	0	
All	n	43	20	16	11	7	6	4	2	109
	%	41.0	19.0	15.2	10.5	6.7	5.7	3.8	1.9	

For very young children (those under seven years of age) the most common reaction was that the event did not sink in. The second most frequent reaction was that the child was upset and sad. Negative responses most frequently reported were acting-out behaviours. Since the reactions of all children, but especially those who are very young, are affected by the emotional state of the people close to them, it is likely that many of the very young children were reacting to the grief of their surviving parent and to separation from their dead parent rather than to the fact of death as such.

Older children (those aged between 7 and 11, and teenagers) were likely to be reported as upset or shocked. The second most frequent reaction in teenagers was acceptance or ability to talk about it. Withdrawn or silent behaviour was frequently reported, especially amongst children aged 7 to 11.

It was evident from many of the interviews that a part of the problem for children lay in the way in which the news was broken to them; another part of the problem was parents' lack of awareness of what the child was experiencing. In several cases, the surviving parent did not tell the children that their parent had died. In one case the father had told his six-year-old son that his mother had gone away for a holiday. After six months and persistent questions he told him that she was dead and he would never see her again. Not unexpectedly the child became extremely upset and started acting-out both at home and at school. Several parents said that they did not discuss the death with the child for fear that the child could not handle it.

Other parents misinterpreted withdrawn behaviour as lack of grief or concern about the death. One father whose 13-year-old son had always been closer to his mother reported that he was 'an odd, shallow little boy — he was very close to his mother and yet he never cried or said anything about her. He spends a lot of time in his room alone listening to records and doesn't help out around the house'.

It was clear that even the most understanding and concerned widowed parents were extremely caught up in their own grief during the first few months following the spouse's death, and had little time or emotional energy to deal with their children's emotions, fears and feelings. The relative isolation of children was evident; few of them had any adult with whom they could relate and discuss their fears. The majority of children rarely come into contact with sympathetic adults who are not relatives or close family friends. The adults to whom they were closest were usually too involved with their own grief and too close to the family's bereavement to be able to help an individual child. Many of the children expressed their grief and bewilderment at school — schoolwork deteriorated and a few

children began truanting. In a few cases the school teacher was mentioned as a resource for helping the children. However, teachers were sometimes not notified by the child or surviving parent of the terminal illness or even of the death. Hence relatively few children received support or help through the school. Several parents used their family doctor as someone outside the family who could talk things over with the children.

In addition to dealing with grief and bereavement, the children faced many economic and social changes. These included an abrupt reduction in family income, new people caring for them and residence changes as well as an increase in responsibilities in the home.

Children were particularly likely to experience changes and discontinuities in their environment when the mother had died suddenly. Following the death, fathers generally took time off from work for a few weeks. On their return to work, those who had not been able to enlist a family member's help tried to patch together all-day and after-school child care with the help of neighbours and friends or the older children in the family. The disruption that some children experienced was quite extreme. In one family the children, aged two and three, were moved between the maternal and paternal grandparents weekly until the father could remarry.

In fact, many men viewed a speedy remarriage as the easiest way of coping with the child care and household management problems that often seemed insurmountable immediately following the wife's death. A less frequently mentioned solution, in part because of its costs, was employing a housekeeper. In retrospect many fathers, especially those with pre-school and very young children, saw the first few months after the death as stressful and chaotic for themselves and the children. Five of the widowers had seriously considered breaking up the family and sending the children to live with different friends and family members for an indefinite time until they could get back on their feet.

As stated above, the interviews took place six months to five years following the parent's death. By then, families had adjusted to the fact of death and established a life that permitted the family to continue functioning, although this meant some degree of change.

In some cases this involved relocation — 21 families or 17 per cent of the total had moved residence since the death. Several men had moved in with their parents to obtain care for the children. Sixteen families had not actually moved but had had someone else move in to help care for the children. This was a much more likely occurrence in families headed by males than females. In six cases (three widows and three widowers) the helper who moved in was a friend or a female housekeeper. One man had a girlfriend move in while others had a female friend who was around a lot of the time. In the remainder it was a family member, usually a mother or sister, who moved in. The usefulness of these changes varied — in the immediate period following the death they helped families in dealing with the practical problems of home management and child care. Such changes also meant that children had to adjust to a new set of rules in the household and although the father usually did not perceive this as a problem, the children may well have.

In the longer run the presence of a relative, particularly a mother or sister-in-law, was mentioned as limiting the bereaved parent's freedom to establish a new life for him or herself. Often by this time it was too late. Houses or flats had been relinquished and the move appeared permanent.

In most families, however, the older children (aged from about 11 to 15) were relied on to keep the household functioning. At this age, children were old enough to understand the

situation and to take responsibility but they were rarely employed nor had they usually started going out alone or with peers — consequently they were at home when needed.

The most frequent change for children was in the amount of responsibility that they were expected to take around the house. This varied from them coming home from school to an empty house to look after themselves until their parent came home, through being expected to cope with family and household responsibilities such as shopping or mowing the lawn, to taking on major responsibilities such as paying bills.

Some research (e.g., Lopata, 1979) suggests that there is a degree of sex stereotyping in the tasks that children are expected to take on, girls being asked for help with household tasks, boys for financial assistance and help with home maintenance. In this study's sample the factor most strongly related to the responsibilities that the child was expected to assume was age. The exception was in European migrant families where girls in particular seemed to have been expected to take on the deceased wife's responsibilities. The extent of the responsibilities varied although several parents mentioned that the children could not participate fully in school activities because they had to come straight home after school to shop and prepare dinner or care for younger siblings.

Several widowers described their teenage children as having been forced to 'grow up too quickly' as a result of their mother's death. While this happened in both families headed by males and those headed by females, many of the mothers tried to ensure that the burden of housework and child care did not fall too heavily on their children. This often meant not returning to work or working only part-time in order to be at home for the children. This of course is a much more socially acceptable alternative for widowed mothers than for fathers.

Longer term adjustment of families with children

It is obviously difficult to separate the psychological characteristics of children deriving from the loss of a parent from those which are a part of normal development. It was clear, however, that the emotional effects on the children of losing a parent continued well beyond the immediate few months after the death.

Several parents reported signs of insecurity in the children even as long as three years following the death. The manifestations of this were obviously age related. In younger children it included clinging to the parent especially if she or he tried to leave them for any reason, sudden and extreme attachment to a particular toy, bedwetting and crying themselves to sleep at night. Older children often voiced concern about what would happen to them if the surviving parent died, while others expressed their fear for the parent's safety by waiting up for the parent to return at night.

A few children were showing definite signs of emotional disturbance. Bedwetting was mentioned as having begun in six- and seven-year-old children. As long as three-and-a-half years after the death, one eight-year-old girl was still waking at night hearing the siren of the ambulance that had taken her father to hospital. Another ten-year-old girl whose father had drowned on a family outing had developed a phobia about going swimming that was creating problems for her at school and with friends.

It was not uncommon for the widow or widowers to link children's deteriorated work or bad behaviour at school to the death. They often described their children as changing from being happy and outgoing to being moody, isolated and withdrawn. Adolescent children were sometimes described as having discipline problems after the death. In the absence of a

control group of non-bereaved adolescents, the extent to which this was a reflection of normal adolescent development is not clear. It was evident, however, that many children and their surviving parent could have benefited from support and discussion with a counsellor. These were not usually sought except in the rare cases of marked psychological disturbance. If anyone outside the family was involved it was usually the family doctor or a priest — and then the parent usually accompanied the child and interpreted the problem.

On a more positive side, many of the parents, especially the fathers, said that they thought that they had become much closer to their children as a result of the other parent's death, and several said that they thought at least some of the children had become more self-reliant.

Difficulties Faced by Widowed Parents with Children

As has been pointed out previously, much of children's experience of living in a widowed family results from the change in the surviving parent. A further examination of the widowed parents' difficulties gives an indication of the situation that children faced and the extent of pressure on surviving parents.

Respondents were given a list of 23 areas of concern in daily life identified from the earlier open ended interviews, and asked whether or not they had recently had problems concerning any of these and if so to give details. Although nine parents said they had none, most people identified some problem areas and five identified 12 areas of concern. Most frequently mentioned were loneliness (56.4% of the sample); concerns related to the children (35%), especially concern about keeping the family together and arranging child care; planning for the future (32%), in particular for the children's future financial security and their own future employment, education and remarriage. Money was a particular problem according to 30 per cent of the sample and this, too, was directly related to the age of the children — those with younger children (under five) were significantly more likely to report financial difficulties than were those with older children. People with very young children were particularly likely to have a lot of difficulties in their daily lives, to see a need for planning for the children's and their own future and to feel that their freedom and privacy were extremely curtailed. When these parents worked they were also likely to complain that they needed a lot more help at home and also that they felt that they had no free time. For many, one of the biggest concerns was how to juggle the demands of job and family.

Children and remarriage

Despite the extra stress and responsibilities of caring for children alone, most parents felt their children provided a source of emotional support and some buffer against loneliness or at least against being completely alone. Most of the widowed parents agreed with one father who said that his two young children 'gave me something to live for, a reason to keep going when there didn't seem to be any purpose in life'.

On the other hand, many parents also found that their children interfered, particularly in establishing a new social life and new relationships. At one level this was simply due to the difficulty and cost of obtaining babysitting. However, some widowed women felt that men were unwilling to make a commitment to a woman with children. Several remarked bitterly that men don't want 'another man's children'.

Interest in remarriage varied. Widowed fathers were more likely to express an interest in it than widowed mothers and parents with younger children were more likely to be interested

than those with pre-teenage or adolescent children. Parents who said they were not interested in remarriage were likely to use the children's welfare and potential emotional reactions as a reason. Some parents were concerned that children would not accept a step-parent and vice versa, and some wanted to keep the dead parent's memory alive with the children. On the other hand, one of the most frequent reasons given for being interested in remarriage was to provide a mother or father figure for children and give them a more normal home life. Widowers with young children were likely to see remarriage as a way of obtaining household care and providing a stable environment for the children. Widows saw it as a way of improving the family's financial security and having a male figure for the children. Thirteen of the sample (12 widowers and one widow) had already remarried and three others had marriages planned. One man had a de facto wife with two children of her own. On the average, remarriages occurred between 12 and 18 months following the death. The new relationships had been formed within a year of the death.

When asked directly, all of the remarried fathers in the sample reported that their children were very happy with the new marriage. From the viewpoint of the father this was probably true — insofar as he was happy in the remarriage and the new wife took the pressure of running the household from his shoulders. It may have been that the children were correspondingly happy and more settled. However, conflicts and tensions were mentioned in other contexts, especially when stepfamilies were involved. One widow who had married a childless man admitted to major problems: her new husband did not accept her son and they found a young child a constraint on establishing a marital relationship and sorting out problems. Research on widowed women in the United States suggests that remarriage is often used as a way of coping with difficulties following a spouse's death (Gentry and Shulman, 1982). It did seem that the decision to remarry was largely a pragmatic one, amongst men in particular. A new wife was usually consciously sought to solve household and child care problems; the children's or, for that matter, his own emotions, and the level of adjustment and readiness for a new mother/wife were not usually seen as having been issues.

Economic situation of widowed families

As mentioned earlier, the majority of families had experienced a marked change in economic status following the death of the parent. This was particularly the case in families in which the father had died. (As Table 3 shows, 13 per cent of families headed by females but only six per cent of families headed by males reported annual incomes of below $5000 a year. See also Table 4 for the differences in mean income between widows' and widowers' families by number of children.)

Table 3 Annual income by sex of parent

		Under $5000	*$5001-$10 000*	*$10 001-$20 000*	*Over $20 000*	*Total*
Widow-headed families	n	10	41	20	6	77
	%	12.9	53.2	25.9	7.8	
Widower-headed families	n	3	5	19	21	49
	%	6.1	10.2	38.7	42.8	
Both	n	13	46	39	27	126
	%	10.3	36.5	30.9	21.4	

Table 4 Mean income of female- and male-headed widowed families by number of children

	Mean income $	*Standard deviation* $	*Number of cases*
One Child	10 549	7 897	45
Widow-headed family	9 650	8 064	33
Widower-headed family	13 020	7 157	12
Two Children	13 436	7 523	46
Widow-headed family	10 155	5 131	25
Widower-headed family	17 342	8 142	21
Three Children	22 146	13 816	12
Widow-headed family	17 022	10 352	8
Widower-headed family	32 394	15 487	4
Four Children Widow-headed family	7 599	5 018	7
Five Children Widower-headed family	9 692	6 697	2
Total	10 54[illegible]	9 000	112

As mentioned earlier, the majority of mothers saw their situation as having deteriorated, whereas with fathers, approximately a third saw their situation as having improved, a third saw it as having stayed the same and only a third saw it as having deteriorated (Table 5). The widowed mothers believed their situation was deteriorating because of the loss of their husband's earnings and the considerably lower income that they could command through their own earnings or the pension. Three widowed men had given up their jobs and went on supporting parents' benefits in order to be with the children. The majority, however, retained their employment although they found that they earned less because they put in fewer hours or were unable to work overtime or took lower paid jobs in order to be home with the children in the afternoons and evenings.

According to the widowers, the major reason for the family's deteriorating financial situation was more likely to be the increased expense of child care and housework services than the loss of a second income. On the contrary, over one-third of the families headed by a widower and 23 per cent of those headed by a widow had improved their financial situation usually because they were no longer bearing costs associated with a terminal illness.

Money was frequently mentioned as a problem by widowed women; they were particularly concerned that their children's future choices and options might be limited as a result.

Parents often linked their children's leaving school early to the death of the parent but not directly to any associated money problems. It was more likely to be seen as resulting from the disorganisation and emotional stress arising from the spouse's death. However, because of the family's financial limitations, teenage children were sometimes encouraged to take casual or part-time work and required to take on extra, after school responsibilities such as shopping, preparing meals or caring for younger siblings, particularly when the parent had to work. Insofar as these duties interfered with after school activities and homework, financial limitations were probably a contributing factor in early school withdrawal.

Twenty-three per cent of the widowed mothers re-entered the labour force after the spouse's death. Like the working mothers, they often found the twin demands of running a job and a home particularly onerous. However, the choice came down to relying on the pension, with

Table 5 Family economic situation since death

		Widows	*Widowers*	*Both*
Worse	n	41	16	57
	%	53.2	32.7	45.2
Same	n	18	17	35
	%	23.4	34.7	27.8
Better	n	18	16	34
	%	23.4	32.7	27.0
Total		77	49	126

its implications of financial limitations on themselves and the children, or working but placing extra demands and responsibilities on children and extreme pressures on themselves.

Children of Widowed and Divorced Families Compared

Ailsa Burns (1980), in her book on separation and divorce, highlights the popular belief that a broken home is a cause of maladjustment and delinquency in children. It is a reflection on community attitudes towards divorce and widowhood that this assumption is not made about the effects of parental death on children. Yet both groups of children are likely to experience emotional reactions to loss of a parent and the economic deprivation of growing up in a single-parent family.

Children whose parent had died had usually not had the experience of living within a family that was experiencing marital conflict. However, it is important to recognise that widowhood can occur in extremely unhappy and discordant families. Close to one-third of the women interviewed acknowledged that there had been some problems in the marriage well before the death and there were a few cases in which the partners were separated at the time of the death. Many children also had experienced the stress of living in a family with a terminally ill parent, as described previously. In addition, several parents described frequent arguments and disagreements that were related to the course of the illness and the irritability or irrationality of the terminally ill spouse. While the children of widowed families did not experience custody fights and visitation rights, they did experience a sense of parental desertion and a fear that the death was caused by their misbehaviour (Bowlby, 1980; Raphael, 1982). Despite its relative frequency, divorce still evokes a reaction different from that to widowhood. Widowed families are likely to elicit pity and sympathetic treatment. Divorce still carries an element of failure and unacceptability that may reflect upon the children. On the other hand, as has been pointed out, death of a parent is relatively unusual and so may separate a child from his or her classmates. As well, teachers may not know how to respond to or treat the child.

The economic deprivation of one-parent families has been well described (Hammond, 1980). It makes little difference whether they are widowed or divorced. Widowed mothers may receive life insurance or superannuation payments, divorced mothers may receive maintenance. The reality is that most receive neither. The majority of widowed families in the sample, particularly those headed by a woman, were living on extremely low incomes as are most divorced or separated female parents. This in itself should be a cause of concern to society in terms of the deprivation and limitation of life chances that it may cause children.

It is likely that the experiences, responses and pattern of adjustment of children who lose a parent, whether through divorce or separation, are similar. All are usually facing a major loss and many need help to cope.

Implications for Policy and Services

The data suggest a need for re-evaluation of policy and services for children. Many of these suggestions should be seen in the context of services for all children who experience the transition from a two-parent to a one-parent family, regardless of how it comes about.

Policies and services divide into two categories: those helping children deal with bereavement and those helping ameliorate the effect of growing up in a single-parent family.

Counselling and information

As has been shown, relatively few children exhibited major pathology. However, many children developed anxiety reactions that in some cases continued long after the acute grieving process ended. It was clear, first, that many parents were too involved in their own grief to be able to help their children and in a few cases were totally unable to be honest with children about the illness and death; second, that many parents could not understand grief reactions which were expressed in withdrawn, hostile or aggressive behaviour rather than through tears and overt expressions of loss; third, that usually children could not seek help for themselves and in any case very rarely had any adult outside the family to turn to. It is apparent, too, that grieving by the children and anxiety reactions can begin prior to the death in cases when a parent is terminally ill. Clearly children often need someone outside the family to whom they can confide their fears and anxieties. The real problem is how children can come into contact with those services that do exist. Unless a parent makes special arrangments for counselling or therapy (usually in response to overtly disturbed behaviour) it is unlikely that a child's needs will be recognised or acted upon.

There are two possible adult 'contact points' for children. The most obvious is the school. The school should be able to identify children facing parental loss and refer them for help. That this appeared not to happen usually, reflects several factors. One is the lack of contact most parents have with the school — in many cases the school had not even been informed of the child's situation; the second is the school personnel's lack of training or expertise — teachers in particular failed to identify and help children dealing with loss and grief; the third is the large class sizes and heavy work loads that many school teachers and school counsellors face which clearly precluded the kind of attention that would have made it easy to pick up and sensitively deal with children experiencing loss or grief. The child's emotional situation did not come to the teacher's attention until school work had deteriorated seriously or truancy or behavioural disturbance had become serious enough for the school to contact the parent.

Therefore, it is clear that counselling and advisory services should be available much more widely in the school setting . Such services should not only be for children with behavioural disturbances but also for children who are facing major family change such as illness or death or loss through parental separation.

A second 'contact point' for children who have a terminally ill family member is the health care system. Almost all families in which there was a terminal illness had extensive contact with the medical care and the hospital systems. However, although this was perceived as

having been an extremely stressful time for the family, few mentioned using the hospital's social work services. Where individual or group support was available through the hospital, or through a group organised to help victims of a specific illness, it was usually only directed at the spouse. There is clearly a need for such services to be expanded to cater for children in families with a terminally ill member.

There needs to be more information disseminated. Local doctors and teachers have little information about normal grieving behaviour in children. And, while some limited information is now available, more that is directed specifically to parents needs to be written. Its dissemination to families is also a problem. All divorcing families have access to relevant information through the Family Court but there is not a point of contact able to perform the same function for all bereaved families, unless it is the funeral director. Some of the more socially concerned funeral directors who participated in the study did in fact have booklets available on the grieving process in children. However, these are extremely variable in quality and not always available.

While better information, counselling and support services would help children and families, many families have additional needs in the areas of child and household care and income security which are not being met at present.

Income and care

Families in which the surviving parent chose to work faced difficulties with day- and after-school care and with household maintenance and usually relied heavily on the children to keep the household functioning. The absence of inexpensive home help services places particular stress upon one-parent families. Locally financed home help services are over burdened and tend to give priority to the elderly; some will help families headed by a male single parent but none offer help to those headed by a mother.

The cost of a housekeeper for sole-parent families is partly subsidised by housekeeper rebate in the personal income tax scheme. This helps those sole-parent families who can afford to pay for a housekeeper and then claim it through the taxation system. Only a few of the upper income widower-headed households could afford to have a housekeeper. It was completely beyond the means of the female-headed households. And while the cost of hiring a housekeeper to care for children may be claimed on income tax, the cost of purchasing child care outside the house is not.

The alternative to the stress of working and running a household at the same time is reliance upon the widows' pension with its attendant income limitations. The pension payments provide for only a minimum standard of living and the allowance for dependent children in no way reflects the cost of maintaining a child. The dependent allowance is in urgent need of indexation and should be reviewed to reflect the expense involved in supporting a child. In line with this, Jordan (1982) suggests that children should be the major focus of income maintenance policy.

At the very least, a widowed pensioner household with two members should have parity with an aged pensioner couple. At present, an aged pensioner couple on maximum pension receives an income transer that is approximately $15.00 a week higher than the pension and family allowances received by a widowed family with two children on full pension. If the pension only is taken into account, an aged couple receives almost the same pension as a widowed family with five children. It is not surprising therefore that the study shows that financial limitations were a particular concern of widowed families with children and one that was perceived as being extremely likely to affect the children's future.

As we have seen, the income and service needs of widowed families do not always start after the parent's death. Many households faced particular difficulties during the time when a parent was terminally ill. Parents required child care, home help and home nursing services regardless of whether the mother or the father was ill. Financial stresses were also particularly serious for many families since most experienced the increased medical and home care expenses at the same time as a severe reduction in income, as discussed above. The availability of a sickness benefit or invalid pension for a housewife who is unable to carry on her daily activities would enable the purchase of housekeeping and child care services, reducing some of the family stress and the demands upon the children.

Most terminally ill wives whose husband worked were doubly disadvantaged: they were ineligible for the invalid pension and they did not get the housekeeping rebate on their husband's income tax (although their husband could claim for them as dependent spouses). The most equitable system to remedy this would be to subsidise housekeeping services through the social security system as the taxation system only benefits those who can afford to pay for housekeeping and claim the rebate later.

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